



City Clerk's Office
300 W. Ash, Rm. 206
P.O. Box 736
Salina, KS 67402-0736
(785) 309-5735

For office use only:

Licensing Year: _____

License No.: _____

Date Issued: _____

APPLICATION FOR PEDDLER/SOLICITOR LICENSE

***Note: This license will be issued within 3 to 5 days of submittal of this form. The City Clerk's Office will contact you by phone when your permit is ready for pickup.**

Name _____
(First) (Middle Initial) (Last) (Maiden)

Home Address _____ Phone _____
(Street) (City) (State) (Zip)

Local Address _____ Phone _____
(Street) (City) (State) (Zip)

Date of Birth ____ / ____ / ____ Social Security No. _____ Driver's Lic. State and No. _____

Sex ____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Name of Employer _____ Contact person at home office _____

Employer Address _____ Phone _____
(Street) (City) (State) (Zip)

YOUR RECORDS WILL BE CHECKED!

FAILURE TO LIST FULL AND CORRECT INFORMATION WILL RESULT IN DENIAL OF THIS APPLICATION.

Have you **EVER** been convicted of any crime, misdemeanor or felony other than traffic offenses? Yes ☐ No ☐

If yes, when, where and for what offenses.

DATE	WHERE	OFFENSE

Description of business or product to be sold _____

Is the product perishable? _____ Does the product require refrigeration or freezing (specify)? _____

If refrigeration or freezing is necessary, type of equipment used _____

Storage location of equipment and product _____

Will product be delivered at time of sale? _____ If no, method of delivery _____

Area of town where sales are to be conducted _____

Approx. number of days business to be conducted _____

Beginning and ending hours of sale each day _____

To be submitted with this application:

1. Kansas Sales Tax Number _____ or proof of exemption.
2. A copy of sales contract or receipt form, including the Notice of Cancellation form as required by K.S.A. 50-640, et seq., if any individual item is \$25 or more.
3. State license, if required.
4. Credentials from employer authorizing applicant to act as a representative for the company.
5. KSDA inspection form for refrigeration or freezer equipment, if applicable. **Contact Kansas Department of Agriculture to schedule your inspection at 785-296-3511.**

OPERATING REGULATIONS

1. **ID Badge Required** - An ID badge, issued by the City Clerk, must be worn at all times while the applicant is soliciting or peddling so that it can be clearly seen by customers.
2. **Hours** - A person may peddle or solicit between the hours of 8:00 a.m. and 9:00 p.m. only.
3. **Primary Entrance** - It is illegal to peddle or solicit at any entrance other than at the primary entrance to the residence.
4. **No Solicitor Signs** - It is illegal to attempt to peddle or solicit at any residence in the city where the owner or occupant has posted a sign bearing the words "No Peddlers," "No Solicitors," or words of similar import. This includes knocking on the door or ringing the doorbell.
5. **Aggressive Peddling** - It is illegal to peddle or solicit in aggressive manner. This means either approaching a person at the residence or continuing to attempt to sell after the person has said no, whether before or after being invited inside the residence, in a manner that (1) is likely to cause a person to fear bodily harm or fear a criminal act to the person's property, or (2) is intended to or is likely to intimidate the person into purchasing. Aggressive peddling or soliciting is a Class B misdemeanor.
6. **Selling from Street** - It is illegal to peddle or solicit from any vehicle while the vehicle is located upon the improved portion of any street, avenue, boulevard or alley within the city. This section does not apply to the delivery of previously ordered merchandise or the sale of ice cream from vehicles registered to an ice cream street vendor.
7. **Penalty** - Unless otherwise stated, any person violating any of these regulations or the provisions of Salina Code Chapter 28 is guilty of a misdemeanor and could be punished by a fine of not more than \$500 or imprisonment for not more than 6 months.

I have read and agree to comply with all requirements of the Salina Code and regulations relating to the operation of such business. I understand the Kansas Consumer Protection Act (K.S.A. 50-640) pertaining to door-to-door sales. I agree my license may be revoked or suspended if I am found to have violated such requirements or regulations or if I have misrepresented any facts in this application.

Date _____ Signature _____

\$35.00 Paid by Receipt No. _____ Date _____ Received by: _____

Recommended for approval by the Salina Police Department Yes ☐ No ☐
If No See Additional Information Attached

Date _____ Police Department _____

Approved/Disapproved

Date _____ City Clerk _____